

**STATE OF SOUTH CAROLINA**

**(Caption of Case)**

Example: Application for a Class C Charter Certificate from  
John Doe dba Doe's Limo

Application for a Class C Charter  
Certificate from  
Certified Limousine Service

**BEFORE THE  
PUBLIC SERVICE COMMISSION  
OF SOUTH CAROLINA**

244283

**TRANSPORTATION COVER SHEET**

**DOCKET  
NUMBER:** 2013-202-T

If this is your first time filing an application with the PSC, you will not  
have a Docket Number. The Commission will assign one to you. If you  
have filed with the Commission before, a Docket Number was assigned  
and should be entered above.

(Please type or print)

**Submitted by:** Jamisha B. Breland

**Telephone:** 704-458-9900

**Address:** 5017 Caliterra Dr  
Matthews, NC 28104

**Fax:** 704-245-6581

**Other:** 704-780-8553

**Email:** jamisha@certifiedlimousines.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers  
as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must  
be filled out completely.

**NATURE OF ACTION (Check all that apply)**

☐ Application – Class C Taxi

☐ Request to Amend Scope of Authority

☒ Application – Class C Charter

☐ Request to Amend Tariff (rate increase, etc.)

☐ Application – Class C Charter Bus

**RECEIVED**

☐ Request to Amend Passenger Limit

☐ Application – Class C Non-Emergency

MAY 29 2013

☐ Request

☐ Application – Class E Household Goods

PSC SC  
MAIL / DMS

☐ Exhibit

☐ Application – Class E Hazardous Waste

☐ Late-Filed Exhibit

☐ Application

☐ Letter

☐ Request for Extension to Comply with Order

☐ Proposed Order

☐ Request for Order Granting Authority to Obtain Certificate of  
Public Convenience and Necessity to Be Rescinded

☐ Publisher's Affidavit

☐ Request for Cancellation of Certificate

☐ Reservation Letter

☐ Request for Suspension

☐ Response

☐ Request for Reinstatement

☐ Return to Petition

☐ Request for Name Change on Certificate

☐ Other: \_\_\_\_\_

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

too

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
101 Executive Center Drive, Suite 100  
Columbia, South Carolina 29210  
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR  
OPERATION OF MOTOR VEHICLE CARRIER

Date: May 15, 2013

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

Jamisha Breland DBA

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Certified Limousine Service

5017 Caliterra Dr. Matthews, NC 28104

Street Address of Applicant

same

Mailing Address of Applicant (if different from street address)

(704) 458-9900

Phone

(704) 245-6581

Fax

owner@certifiedlimousines.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

☐ Individual Owner/Sole Proprietorship

☒ Partnership - List names and addresses of all person having an interest in the business.

☐ Corporation - List names and addresses of two principal officers.

Jamisha B. Breland - 50% - 5017 Caliterra Dr. Matthews, NC 28104

Jamekius V. Breland - 50% - 5017 Caliterra Dr. Matthews, NC 28104

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

## BALANCE SHEET

Balance at Time Application is Filed:

Month 05 Year 2013

### Assets:

Cash	\$ 50,256
Receivables	\$ 4,038
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	\$ 72,652
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	
Prepays and Other Assets	
<b>Total Assets*</b>	<b>\$ 126,945</b>
<b><u>Liabilities and Equity:</u></b>	
Accounts Payable	\$ 5,769
Notes Payable	\$ 10,000
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	\$ 3,500
Other Accrued Obligations	
Other Liabilities	83,435
<b>Total Liabilities</b>	<b>\$ 102,704</b>
Capital Stock	\$ 100
Retained Earnings	\$ 24,142
<b>Total Equity</b>	<b>\$ 24,242</b>
<b>Total Liabilities and Equity*</b>	<b>\$ 126,945</b>

\* Total Assets = Total Liabilities and Equity

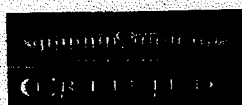
## PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

*See attached*

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.  
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- |  |                                       |                                     |                                     |   |
|--|---------------------------------------|-------------------------------------|-------------------------------------|---|
| <input type="checkbox"/> Abbeville             | <input type="checkbox"/> Cherokee     | <input type="checkbox"/> Florence   | <input type="checkbox"/> Lee        | <input type="checkbox"/> Saluda               |
| <input type="checkbox"/> Aiken                 | <input type="checkbox"/> Chester      | <input type="checkbox"/> Georgetown | <input type="checkbox"/> Lexington  | <input type="checkbox"/> Spartanburg          |
| <input type="checkbox"/> Allendale             | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion     | <input type="checkbox"/> Sumter               |
| <input type="checkbox"/> Anderson              | <input type="checkbox"/> Clarendon    | <input type="checkbox"/> Greenwood  | <input type="checkbox"/> Marlboro   | <input type="checkbox"/> Union                |
| <input type="checkbox"/> Bamberg               | <input type="checkbox"/> Colleton     | <input type="checkbox"/> Hampton    | <input type="checkbox"/> McCormick  | <input type="checkbox"/> Williamsburg         |
| <input type="checkbox"/> Barnwell              | <input type="checkbox"/> Darlington   | <input type="checkbox"/> Horry      | <input type="checkbox"/> Newberry   | <input type="checkbox"/> York                 |
| <input type="checkbox"/> Beaufort              | <input type="checkbox"/> Dillon       | <input type="checkbox"/> Jasper     | <input type="checkbox"/> Oconee     |   |
| <input type="checkbox"/> Berkeley              | <input type="checkbox"/> Dorchester   | <input type="checkbox"/> Kershaw    | <input type="checkbox"/> Orangeburg | <input checked="" type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun               | <input type="checkbox"/> Edgefield    | <input type="checkbox"/> Lancaster  | <input type="checkbox"/> Pickens    |   |
| <input checked="" type="checkbox"/> Charleston | <input type="checkbox"/> Fairfield    | <input type="checkbox"/> Laurens    | <input type="checkbox"/> Richland   |   |



800-643-0991

# Charleston Rate Sheet



	Limousine Toward City	City Toward City	Van Toward City	Minivan Toward City	Executive Van Toward City	Van Toward City
Airport Dropoff	\$75.00	\$75.00	\$90.00	\$90.00	\$105.00	\$125.00
CHS to Downtown Hotel	\$60.00	\$60.00	\$75.00	\$75.00	\$95.00	\$125.00
Hourly	Sedan - \$65	Sedan - \$65	SUV - \$90	SUV - \$90	Van - \$95	MB VAN - \$125 / 3Hr Min
The Citadel	\$65.00	\$65.00	\$90.00	\$90.00	\$95.00	\$125.00
MUSC	\$65.00	\$65.00	\$90.00	\$90.00	\$95.00	\$125.00
Francis Marion Hotel	\$65.00	\$65.00	\$90.00	\$90.00	\$95.00	\$125.00
Charleston Place	\$65.00	\$65.00	\$90.00	\$90.00	\$95.00	\$125.00
SC Aquarium	\$65.00	\$65.00	\$90.00	\$90.00	\$95.00	\$125.00
King & Broad	\$65.00	\$65.00	\$90.00	\$90.00	\$95.00	\$125.00
Citadel Mall	\$65.00	\$65.00	\$90.00	\$90.00	\$95.00	\$125.00
Northbridge	\$65.00	\$65.00	\$90.00	\$90.00	\$95.00	\$125.00
St. Andrews Shopping Center	\$65.00	\$65.00	\$90.00	\$90.00	\$95.00	\$125.00
Holiday Inn Riverview	\$65.00	\$65.00	\$90.00	\$90.00	\$95.00	\$125.00
Middleton Place	\$65.00	\$65.00	\$90.00	\$90.00	\$95.00	\$125.00
Folly Road	\$65.00	\$65.00	\$90.00	\$90.00	\$95.00	\$125.00
Pt. Johnson Road	\$65.00	\$65.00	\$90.00	\$90.00	\$95.00	\$125.00
Oak Island Drive	\$65.00	\$65.00	\$90.00	\$90.00	\$95.00	\$125.00
Folly Beach	\$65.00	\$65.00	\$90.00	\$90.00	\$95.00	\$125.00
Hanahan	\$58.00	\$58.00	\$80.00	\$80.00	\$85.00	\$125.00
AMTRAK	\$58.00	\$58.00	\$80.00	\$80.00	\$85.00	\$125.00
Greyhound	\$58.00	\$58.00	\$80.00	\$80.00	\$85.00	\$125.00
Northwoods Mall	\$58.00	\$58.00	\$80.00	\$80.00	\$85.00	\$125.00
Tanger Outlets	\$58.00	\$58.00	\$80.00	\$80.00	\$85.00	\$125.00
Trident Hospital	\$58.00	\$58.00	\$80.00	\$80.00	\$85.00	\$125.00
Buzzard's Roost Marina	\$75.00	\$75.00	\$90.00	\$90.00	\$115.00	\$125.00
Seabrook Island	\$75.00	\$75.00	\$90.00	\$90.00	\$115.00	\$125.00
Kiawah Island	\$75.00	\$75.00	\$90.00	\$90.00	\$115.00	\$125.00
Holiday Inn East Cooper	\$62.00	\$62.00	\$90.00	\$90.00	\$85.00	\$125.00
Daniel Island	\$62.00	\$62.00	\$90.00	\$90.00	\$85.00	\$125.00
East Cooper Hospital	\$62.00	\$62.00	\$90.00	\$90.00	\$85.00	\$125.00
Patriot's Point	\$62.00	\$62.00	\$90.00	\$90.00	\$85.00	\$125.00
Isle of Palms	\$62.00	\$62.00	\$90.00	\$90.00	\$85.00	\$125.00
Wild Dunes Resort	\$62.00	\$62.00	\$90.00	\$90.00	\$85.00	\$125.00
Goose Creek	\$65.00	\$65.00	\$90.00	\$90.00	\$95.00	\$125.00
Summerville	\$65.00	\$65.00	\$90.00	\$90.00	\$95.00	\$125.00
Moncks Corner	\$65.00	\$65.00	\$90.00	\$90.00	\$95.00	\$125.00
Orangeburg	\$145.00	\$145.00	\$180.00	\$180.00	\$195.00	\$125.00
Georgetown	\$145.00	\$145.00	\$180.00	\$180.00	\$195.00	\$125.00

Unknown outer loop drop-off locations is \$3.50 per mile

Prices subject to change due to special events

\$15 Additional charge added to all after hours reservations between 11:00pm - 4:00am

**You are not required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.**

☒ 1-7 Passengers, including driver

☐ 8-15 Passengers, including driver

[illegible]

**INSURANCE QUOTE**

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. **THIS IS ONLY A QUOTE.**

The following insurance quote is for:

Certified Limousine Service

Name of Applicant

507 Caliterra Dr. Matthews, NC 28104

Address of Applicant

**Amount of Premium:****Limits Quoted: (See Below)**

Liability Insurance \$ 8,412

Limits \$1,500,000 CSL

The above quoted premium is for a term of 12 months.

**Minimum Limits - Intrastate Only:**

1-7 Passengers\* \$ 25,000/50,000/25,000

8-15 Passengers\* \$ 25,000/100,000/25,000

\* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

Northland Insurance Company

Name of Insurance Company

One Tower Square Hartford, CT 06183

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

5/22/13

Date

D. S. Wood

Authorized Insurance Company Representative's Signature

**NOTICE:**

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at [www.wcc.state.sc.us/self-insurance](http://www.wcc.state.sc.us/self-insurance).

**Exhibit Fit, Willing, and Able (FWA)**

Certified Limousine Service  
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

☐ Yes ☒ No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

☒ Yes ☐ No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

☒ Yes ☐ No



**Exhibit on Driver Qualifications**

1. Applicant understands that all drivers must be a minimum of 18 years of age.
- ☒ Yes ☐ No
2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.
- ☒ Yes ☐ No
3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.
- ☒ Yes ☐ No
4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.
- ☒ Yes ☐ No
5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.
- ☒ Yes ☐ No

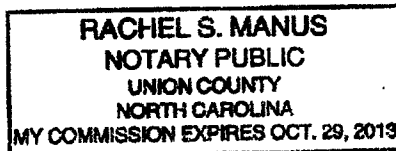
PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA  
POST OFFICE DRAWER 11649  
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

*Jamalia B. Ireland*  
Applicant's Signature  
VP / Co-Owner  
Title of Applicant (e.g. President, Owner, etc.)

North Carolina  
STATE OF ~~SOUTH CAROLINA~~ )  
COUNTY OF Union )



SWORN TO BEFORE ME  
This 28 day of May, 2013  
*Rachel S. Manus*  
Notary Public  
Commission Expires 10-29-13



# FACSIMILE TRANSMISSION



**To:**

**From:** Certified Limousine Service  
 Certified Limousine Service  
 1011 Heritage Acres Dr  
 Matthews  
 NC 28104

**Note:**

Please find attached my application for a Class C Charter Certificate.

**Phone:**

**Phone:** (800) 643-0991

**Fax Phone:** +1 (803) 896-5199

**Fax Phone:** (800) 643-0991

**Date:** 5/28/2013

**Pages including cover sheet:** 12



**FACSIMILE TRANSMISSION****To:**

**From:** Certified Limousine Service  
Certified Limousine Service  
1011 Heritage Acres Dr  
Matthews  
NC 28104

**Note:**

Please find attached the resubmission of Page 1 per our conversation.

**Phone:****Phone:** (800) 643-0991**Fax Phone:** +1 (803) 896-5199**Fax Phone:** (800) 643-0991**Date:** 5/28/2013**Pages including  
cover sheet:** 2